

FILED 25 APR 24 2010 6:30 AM CDT

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

## Eugene DIVISION

Brandon C Glassman

*(Enter full name of plaintiff)*

**Plaintiff.**

v

Civil Case No. 6:24-cv-705 MK  
(to be assigned by Clerk's Office)

Bobbie France In official and Individual capacity  
RIGHTS (PRISONER COMP  
Individual capacity

TINALOUK In official and Jury Trial Demanded

MARK BRAUN In official And  Individual capacity Yes  No

Michelle Duncan in official And Individual capacity

*(Enter full name of ALL defendant(s))*

Defendant(s).

## I. PARTIES

*List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.*

**Plaintiff**

Name: Christopher Brandon Glassman

Street Address: 115 S Jackson Street

City, State & Zip Code: Albany Oregon 97321

Telephone No.: 800-322-0084 (503) 229-9339-4952

**Defendant No. 1** Name: Mark Braun

Street Address: 1115 SE Jackson St

City, State & Zip Code: Albany Oregon 97321

Telephone No.: 541-967-3901

**Defendant No. 2** Name: Michelle Duncan

Street Address: 1115 SE Jackson St

City, State & Zip Code: Albany Oregon 97321

Telephone No.: 541-967-3901

**Defendant No. 3** Name: Tina Lovik

Street Address: 1115 SE Jackson St

City, State & Zip Code: Albany, Oregon 97321

Telephone No.: 541-967-3901

**Defendant No. 4** Name: Bobbie Fance

Street Address: 1115 SE Jackson St

City, State & Zip Code: Albany, Oregon 97321

Telephone No.: 541-967-3901

## II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

14th, 8th, and due process clause of 5th Amendments.  
Americans with disabilities act.

### III. STATEMENT OF CLAIMS

#### Claim I

*State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.*

Mark Braun and Tina Louk, have altered my medication and dosage to that of less than a therapeutic level, that was prescribed for me by a medical specialist in his treatment plan. Causing me severe physical, mental and emotional trauma, and being repeatedly brought to their attention make excuses "That's how we do it". By substituting their judgement for that of a medical specialist. Michelle Duncan is in charge of the facility and has been made aware of the problem through me exhausting administrative remedies available to me, and she admits Yes that's what they are doing and that's how they do things.

#### Claim II

*State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.*

Mark Braun, Tina Louk, Michelle Duncan are violating the Americans with disabilities act. by altering my dosage and medication

prescribed to me by a medical / Specialist in their treatment plan, the dosage to that of a less than therapeutic level. And their extreme deliberate indifference to symptoms, physical mental and emotional they are causing in denying me medical attention for the causes of their indifference

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### Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Mark Braun, Tina Lovik, Nicholle Duncan are violating my constitutional rights, by causing me extreme anxiety, sleeplessness, Anger, the inability to deal with even the basics of the conduct of my affairs in an already stressful environment, hypertension, and constant undue stress in denying me medical / treatment for all the symptoms that are a direct cause of their indifference to my medical needs, my health, both physical and emotional as well as my well being and stability.

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*(If you have additional claims, describe them on another piece of paper, using the same outline.)*

#### IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

Yes       No

#### V. RELIEF

*State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.*

I want my prescription and dosage of the prescribed dosage of prescribed medication, and medical attention for all the symptoms that are caused by their actions. I want the money they have taken from me and continue to take from me for denial of medical attention. Remuneration for medical expenses incurred to date for nothing, ~~\$500,000.00~~ punitive award to punish them. And any and all future medical expenses at cost for but not limited to, treatment, counseling, medications, Doctors visits associated with symptoms caused by them

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13<sup>rd</sup> day of April, 2024.

Brandon Glassman  
(Signature of Plaintiff)

## Inmate Grievance Form

Date/Time received by Deputy: 3/6/24 10:18:55

Receiving Deputy: 538

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident: 1/25/24 Time of Incident: 3/6/24 1:30 Every day Location: Linn County Jail

Names of Staff Involved: Tina Louie (HMP) Provider/Dock, Depl. Shepard (and all other staff who have been watch

Witnesses, if applicable: Cody Hildebrand, Jefferson Davis (met #1 call)

**Clearly Stated Facts of Incident:**

Medical has altered my ongoing prescribed medication since being in custody of Linn County Jail. I have repeatedly asked to be put back on my prescribed dosage of Sibutramine but given the excuse that they have short me out the maintenance dosage with in result has led to sever withdrawal symptoms. High level of stress, Anxiety, Anger and problem with controlling my daily routine. what medical is doing is not right and is breaking my constitutional rights as a United States Citizen. They show very low interest in righting these wrongs and take no accountability in these wrongfulness. I believe something needs to be done to put this naked of power to a stop and stop altering my treatment plan given to me by a medical professional. this has effected me intermittently and a great amount of problems due to the deliberate indifference I have been shown and the many rights that I have that have been blatantly broken with no respect to human life.

Inmates Printed Name: Brandon E. Johnson Inmates Signature: Brandon E. Johnson

Receiving Supervisors Name: Tina Louie, RN, HSC Assigned #: 24-604A

Forwarded To: \_\_\_\_\_ Date: \_\_\_\_\_



# LINN COUNTY SHERIFF'S OFFICE

**Michelle Duncan, Sheriff**  
1115 Jackson Street SE, Albany, OR 97322  
Phone: 541-967-3950  
[www.linnsheriff.org](http://www.linnsheriff.org)

## MEMORANDUM

To: Glassman, Brandon

From: Tina Lovik, RN, HSD

Date: 3/7/24

Re: Grievance #24-004A

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This grievance is invalid due to the initial date of the first incident. This date is outside the seven-day window. Per the facility handbook a grievance must be submitted within seven days of the incident.

You are currently on the prescribed dose of Subutex you came in on, per the medication administration record from the Marion County Jail. You are receiving 56 mg of Subutex per week, this is the same amount you were receiving before you came into our custody. The only difference is we are giving you 8mg per day, so you are more evenly dosed.

When an individual comes into the facility their medical care is handled by our physician. He writes the medication orders and oversees your care while you are in our facility.

This grievance is denied due to being invalid and because you are currently receiving the same weekly dose as you were receiving at Marion County.

Tina Lovik, RN, HSD

*Tina Lovik RN HSD*

**LINN COUNTY SHERIFF'S OFFICE**  
**GRIEVANCE APPEAL**

Grievance Appeal # 24-0048

Inmate's Name Glassman, Brandon SO# 409260 Housing # C222

Appeal Type (Check one) Regular  Emergency, due to possible harm \_\_\_\_\_  
 (include in comments reason for emergency)

<b>Level #1</b>	<b>Level #2</b>
<p>This appeal is to the jail commander.</p> <p>Original grievance was dated <u>3/6/2024</u>.</p>	<p>This appeal is to the Sheriff.</p> <p>Original grievance was dated _____.</p> <p>Appeal #2 handled by _____ &amp; dated _____.</p>

**Reason why you think the grievance is not yet resolved:**

My medication is still being altered from what my Specialist put it at which is Xantacene to cause me severe comedown symptoms and with draws along with high levels of Anxiety, Anger and psychological pain. It is an on going problem everyday when I am given this changed milligram of Sabadone that has been going on since being here because your medical affairs think its appropriate to alter my med.

I gave this form to Frost 537 Date original grievance 3/6/24

Inmate Signature/date Brandon Glassman 3/6/24

Appeal logged by \_\_\_\_\_ DPSST \_\_\_\_\_ Date/Time \_\_\_\_\_

White- Inmate file

Yellow- Jail Commander

Pink- Inmate



# LINN COUNTY SHERIFF'S OFFICE

**Michelle Duncan, Sheriff**  
1115 Jackson Street SE, Albany, OR 97322  
Phone: 541-967-3950  
[www.linnsheriff.org](http://www.linnsheriff.org)

## MEMORANDUM

To: Brandon Glassman  


From: Captain Slinger

Date: March 11, 2024

Re: Grievance Appeal 24-004A

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I have reviewed your original grievance and find the grievance should have been voided as it does not follow the grievance rules. You are grieving an incident that started in January, which is well outside the seven-day window to file your grievance.

I understand your concern about your medication. However, the dose you are currently taking while in our facility is the same 56 mg dose per week you were prescribed in the Marion County Jail, and it follows the prescribed dosage ordered by our doctor. The only difference between here and in Marion County is that here, you get your medication seven times a week, while in Marion County, it was only given to you three times a week. I talked with the nurses and reviewed the doctor's order, placing you on the prescribed dose. Since this dose has been doctor-approved, neither the nurse nor I will override our doctor's order and change your medication dose. This grievance is unfounded.

-522

LINN COUNTY SHERIFF'S OFFICE  
GRIEVANCE APPEALGrievance Appeal # 34-1748Inmate's Name Glassman, Brandon SO# 404160 Housing # 6222Appeal Type (Check one) Regular  Emergency, due to possible harm \_\_\_\_\_  
(include in comments reason for emergency)

Level #1	Level #2
This appeal is to the jail commander.	This appeal is to the Sheriff.
Original grievance was dated _____.	Original grievance was dated <u>3/6/24</u> . Appeal #2 handled by <u>561</u> & dated <u>3/12/24</u> .

## Reason why you think the grievance is not yet resolved:

Because my medication is still being <sup>Altered</sup> every single day from what my original prescriber had me on. It does not matter that the weekly amount is the same, the fact that it was altered at all is unacceptable and is causing me severe withdrawls and comedown symptoms, the doctor may not change one already in place prescription. I'm told this incident is outside the 7 day window yet this is happening EVERY SINGLE DAY

I gave this form to Sh. DERSDate original grievance 3/6/24Inmate Signature/date Brandon GlassmanAppeal logged by Sh. DERSDPSST 24-7058 Date/Time 3-17-24 / 14:31

White- Inmate file

Pink- Jail Commander

Yellow-Inmate



# LINN COUNTY SHERIFF'S OFFICE

Michelle Duncan, Sheriff  
1115 Jackson Street SE, Albany, OR 97322  
Phone: 541-967-3950  
www.linnsheriff.org

## MEMORANDUM

To: AIC Brandon Glassman  
From: Sheriff Michelle Duncan *(Handwritten signature)*  
Date: March 15, 2024  
Re: Inmate Grievance regarding medication dosage #24-004A

I have reviewed all documents in this matter. Your claim is that our medical staff has “altered your treatment plan” that was given to you by a “medical professional” by changing your dosage of suboxone. You refer to this as a violation of your civil rights.

Our jail medical staff work with a doctor who has reviewed your medical file and prescribed the dosage you are currently on while in our facility. In fact, the amount of medication given in a week remains the same at 56mg and the only difference is how the doctor has prescribed this be administered throughout the week (daily versus three times per week). Again, this was done by a doctor who deemed this the best course of treatment going forward.

Although the original grievance did not adhere to the facility rules, both Health Services Director Lovik and Captain Slinger reviewed it, offered the proper explanation, and denied your request.

The doctor’s prescription orders were based on your current medical needs and treatment and are not in violation of your constitutional rights.

This grievance is UNFOUNDED. I encourage you to continue to engage with the medical staff to meet your medical needs that may or may not include alternative treatments to the prescribed medication and dosage you are currently on.

**Request #426709481****Profile Photo:****Audit Photo:****Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 03/03/24 14:29  
**Submitted from Location/Room:** C,222/C Block  
**Current Location/Room:** B,212/B Block  
**Facility:** Linn County Jail OR  
**MAC ID:** CC:4B:73:EE:E8:E6  
**Device ID:** CC4B73EEE8E6

**Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by TINA LOVIK  
**Facility Deadline:** 03/06/24 23:59

**Summary of Request:**

Suboxone

**Details of Request:****What is your Medical request?:**

You guys have me at 8mg of suboxone which is changed from what my specialist had me at and it is causing me serve withdrawals such as hot and cold sweats, head and stomach aches, runny nose, short tempered, very angry, anxious and wanting to relapse often.

My specialist told me that over time while I'm becoming sober and taking this medication that it is likely needed to change the MG to a higher or lower dosege depending on my side effects, with this being said I would like to be reviewed by the doctor to receive a higher dose

DATE/TIME	USER	ACTION	DETAILS
04/04/24 14:44	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 17:26	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 17:25	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 15:52	TINA LOVIK	Staff Response	You are on the maintenance dose prescribed by the dr.
03/05/24 15:52	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
03/05/24 13:36	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 13:36	BRANDON GLASSMAN	Viewed Staff Response	
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	
03/04/24 14:04	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:29	BRANDON GLASSMAN	Submitted New	Suboxone

## Request #417174891

**Profile Photo:**

**Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 01/30/24 12:18  
**Submitted from Location/Room:** C,222/C Block  
**Current Location/Room:** C,126A/C Block  
**Facility:** Linn County Jail OR  
**MAC ID:** CC:4B:73:EE:E8:E6  
**Device ID:** CC4B73EEE8E6

**Audit Photo:**

**Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by TINA LOVIK  
**Facility Deadline:** 02/02/24 23:59

**Summary of Request:**

Mg of suboxone

**Details of Request:**
**What is your Medical request?:**

What is my mg of suboxone

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:15	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:27	BRANDON GLASSMAN	Viewed Staff	

DATE/TIME	USER	ACTION	DETAILS
		Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
<b>02/01/24 13:51</b>	<b>TINA LOVIK</b>	<b>Staff Response</b>	<b>You are on 8 mg of suboxone.</b>
02/01/24 13:51	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
<b>01/30/24 12:18</b>	<b>BRANDON GLASSMAN</b>	<b>Submitted New</b>	<b>Mg of suboxone</b>

# Request #416511681

**Profile Photo:****Audit Photo:****Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 01/28/24 09:08  
**Submitted from Location/Room:** D,235/D Block  
**Current Location/Room:** B,212/B Block  
**Facility:** Linn County Jail OR  
**MAC ID:** D49CDD99A752  
**Device ID:** D49CDD99A752

**Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by TINA LOVIK  
**Facility Deadline:** 01/31/24 23:59

**Summary of Request:**

Higher milligram of suboxone

**Details of Request:****What is your Medical request?:**

my prescriber ideal options had me taking twenty four milligrams and i would like to take the same amount here at linn county jail

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:29	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
02/06/24 14:28	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 11:39	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 11:39	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
02/02/24 17:20	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:18	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:18	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:09	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:08	BRANDON GLASSMAN	Viewed Staff Response	
01/30/24 12:08	BRANDON GLASSMAN	Viewed Staff Response	
<b>01/30/24 11:12</b>	<b>TINA LOVIK</b>	<b>Staff Response</b>	<b>The Dr. has reviewed your request and is you will remain on this does until it is time to reduce the dose to a maintenance dose. Marion County/Ideal options did not have you on 24mg every day.</b>
01/30/24 11:12	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
01/30/24 11:11	TINA LOVIK	Changed Status	From 'Closed' to 'Open'
01/29/24 14:16	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:16	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
01/29/24 14:14	BRANDON GLASSMAN	Viewed Staff Response	
<b>01/29/24 12:50</b>	<b>TINA LOVIK</b>	<b>Staff Response</b>	<b>This will be reviewed with the MD. While in the jail we typically provide a maintenance dose of suboxone.</b>
01/29/24 12:50	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
<b>01/28/24 09:08</b>	<b>BRANDON GLASSMAN</b>	<b>Submitted New</b>	<b>Higher milligram of suboxone</b>

# Request #418872691

**Profile Photo:**

**Audit Photo:**
**Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 02/05/24 11:54  
**Submitted from Location/Room:** C,222/C Block  
**Current Location/Room:** B,212/B Block  
**Facility:** Linn County Jail OR  
**MAC ID:** 10:2C:6B:8B:59:40  
**Device ID:** 102C6B8B5940

**Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by TINA LOVIK  
**Facility Deadline:** 02/08/24 23:59

**Summary of Request:**

Suboxone

**Details of Request:**
**What is your Medical request?:**

"The Dr. has reviewed your request and is you will remain on this does until it is time to reduce the dose to a maintenance dose. Marion County/Ideal options did not have you on 24mg every day."

The above is the MD response for me asking for 24 mg of suboxone.it seems that I should be on a higher dose than the 8mg I am currently on, I say this because how would I "remain on this does until it is time to reduce the dose to a maintenance dose" if I'm being giving the 8mg maintenance already its seems the MD believes I'm on a higher dose if its planned to reduce my current dose to the "maintenance dose when it's time"

SOMEONE IS NOT DOING THERE JOB RIGHT AND THE APPROPRIATE ACTIONS WILL BE TAKEN TO HOLD PERSON OR PERSONS ACCOUNTABLE FOR THIS:)

DATE/TIME	USER	ACTION	DETAILS
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:18	BRANDON GLASSMAN	Viewed Staff Response	
02/06/24 14:18	BRANDON GLASSMAN	Viewed Staff Response	
02/05/24 13:21	TINA LOVIK	Staff Response	Noted.
02/05/24 13:21	TINA LOVIK	Changed Status	From 'Open' to 'Closed'

DATE/TIME	USER	ACTION	DETAILS
02/05/24 11:54	BRANDON GLASSMAN	Submitted New	Suboxone

# Request #418233921

Profile Photo:		Inmate Info
Audit Photo:		<p><b>Name:</b> BRANDON GLASSMAN (2002-06-14)  <b>Booking Number:</b> 409260  <b>Submitted Date:</b> 02/02/24 17:24  <b>Submitted from Location/Room:</b> C,222/C Block  <b>Current Location/Room:</b> C,126A/C Block  <b>Facility:</b> Linn County Jail OR  <b>MAC ID:</b> 10:2C:6B:8B:59:40  <b>Device ID:</b> 102C6B8B5940</p>
<p><b>Form Info</b></p> <p><b>Category:</b> Medical  <b>Form:</b> Medical Request</p>		
<p><b>Request Info</b></p> <p><b>Status:</b> CLOSED by TINA LOVIK  <b>Facility Deadline:</b> 02/05/24 23:59</p>		
<p><b>Summary of Request:</b>   Higher MG of suboxone </p>		
<p><b>Details of Request:</b>   <b>What is your Medical request?:</b>  I want 16mg of suboxone like ideal options had me on </p>		

DATE/TIME	USER	ACTION	DETAILS
04/11/24 14:42	BRANDON GLASSMAN	Viewed Staff Response	
04/04/24 14:43	BRANDON GLASSMAN	Viewed Staff Response	
04/04/24 14:43	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:13	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:11	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:10	BRANDON GLASSMAN	Viewed Staff Response	
03/03/24 14:10	BRANDON GLASSMAN	Viewed Staff Response	

DATE/TIME	USER	ACTION	DETAILS
02/06/24 14:17	BRANDON GLASSMAN	Viewed Staff Response	
<b>02/05/24 13:15</b>	<b>TINA LOVIK</b>	<b>Staff Response</b>	<b>This is a duplicate kite, read previous kite.</b>
02/05/24 13:15	TINA LOVIK	Changed Status	From 'Open' to 'Closed'
<b>02/02/24 17:24</b>	<b>BRANDON GLASSMAN</b>	<b>Submitted New</b>	<b>Higher MG of suboxone</b>

# Request #427087501

**Profile Photo:**

**Audit Photo:**
**Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 03/04/24 17:24  
**Submitted from Location/Room:** C,222/C Block  
**Current Location/Room:** C,126A/C Block  
**Facility:** Linn County Jail OR  
**MAC ID:** CC:4B:73:EE:E8:E6  
**Device ID:** CC4B73EEE8E6

**Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by Kortnie Jazmin  
**Facility Deadline:** 03/07/24 23:59

**Summary of Request:**

Doctors request

**Details of Request:**
**What is your Medical request?:**

Doctors appi need to see the MD about my anxiety

DATE/TIME	USER	ACTION	DETAILS
03/05/24 13:35	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 13:35	BRANDON GLASSMAN	Viewed Staff Response	
03/05/24 06:29	Kortnie Jazmin	Staff Response	Scheduled.
03/05/24 06:29	Kortnie Jazmin	Changed Status	From 'Open' to 'Closed'
03/04/24 17:24	BRANDON GLASSMAN	Submitted New	Doctors request

# Request #432529941

**Profile Photo:****Inmate Info**

**Name:** BRANDON GLASSMAN (2002-06-14)  
**Booking Number:** 409260  
**Submitted Date:** 03/22/24 15:59  
**Submitted from Location/Room:** C,222/C Block  
**Current Location/Room:** C,126A/C Block  
**Facility:** Linn County Jail OR  
**MAC ID:** CC:4B:73:EE:E8:E6  
**Device ID:** CC4B73EEE8E6

**Audit Photo:****Form Info**

**Category:** Medical  
**Form:** Medical Request

**Request Info**

**Status:** CLOSED by Kortnie Jazmin  
**Facility Deadline:** 03/25/24 23:59

**Summary of Request:**

Meds

**Details of Request:****What is your Medical request?:**

May I please get IPU for headache and shoulder pain

DATE/TIME	USER	ACTION	DETAILS
03/26/24 09:26	BRANDON GLASSMAN	Viewed Staff Response	
03/26/24 09:26	BRANDON GLASSMAN	Viewed Staff Response	
03/24/24 18:34	Kortnie Jazmin	Staff Response	Already addressed. Closing kite.
03/24/24 18:34	Kortnie Jazmin	Changed Status	From 'Pending' to 'Closed'
03/24/24 14:08	BRANDON GLASSMAN	Viewed Staff Response	
03/23/24 06:16	Daniel Nelson	Staff Response	Do you have a history of GI Bleed or Ulcers?
03/23/24 06:16	Daniel Nelson	Changed Status	From 'Open' to 'Pending'
03/22/24 15:59	BRANDON GLASSMAN	Submitted New	Meds

## Request #416393521

<b>Profile Photo:</b>		<b>Inmate Info</b>
<b>Audit Photo:</b>		
<p><b>Name:</b> BRANDON GLASSMAN (2002-06-14)  <b>Booking Number:</b> 409260  <b>Submitted Date:</b> 01/27/24 14:34  <b>Submitted from Location/Room:</b> D,235/D Block  <b>Current Location/Room:</b> C,126A/C Block  <b>Facility:</b> Linn County Jail OR  <b>MAC ID:</b> D49CDD99A752  <b>Device ID:</b> D49CDD99A752</p>		
<b>Form Info</b> <hr/> <p><b>Category:</b> Medical  <b>Form:</b> Medical Request</p>		
<b>Request Info</b> <hr/> <p><b>Status:</b> CLOSED <b>by</b> Angela Burger  <b>Facility Deadline:</b> 01/30/24 23:59</p>		
<b>Summary of Request:</b>  Put onto ibuprofen/Tylenol for my headaches and shoulder pain		
<b>Details of Request:</b>  <b>What is your Medical request?:</b> Put onto ibuprofen/Tylenol for my headaches and shoulder pain		

DATE/TIME	USER	ACTION	DETAILS
01/28/24 08:55	BRANDON GLASSMAN	Viewed Staff Response	
01/28/24 08:55	BRANDON GLASSMAN	Viewed Staff Response	
<b>01/27/24 15:26</b>	<b>Angela Burger</b>	<b>Staff Response</b>	<b>This will be on the med cart for you</b>
01/27/24 15:26	Angela Burger	Changed Status	From 'Open' to 'Closed'
<b>01/27/24 14:34</b>	<b>BRANDON GLASSMAN</b>	<b>Submitted New</b>	<b>Put onto ibuprofen/Tylenol for my headaches and shoulder pain</b>

## RELEASE MEDICATION

PHONE: 800-882-6337

FROM: 5L - LINN COUNTY JAIL  
(DRUG ROOM)  
1115 S.E. JACKSON STREET  
ALBANY, OR 97322

This document is intended solely for the use of the recipient named herein and contains information that is confidential and subject to applicable privacy laws. If you are not the intended recipient, or the recipient's authorized agent, you are hereby notified that any use disclosure, or copying of this document is strictly prohibited. If you have received this document in error, please notify us immediately by telephone to arrange for return of the document to us. Thank you.

PHONE: 541-812-9216

SUBMITTED BY: NELSON, DANIEL

## SPECIAL INSTRUCTIONS:

Order ID: 35044398

5L - LINN COUNTY JAIL  
(DRUG ROOM)  
1115 S.E. JACKSON STREET  
ALBANY, OR 97322

NAME: GLASSMAN, BRANDON CHARLES

MRN: 409260

ADDRESS:

DOB: 06/14/2002

ALLERGIES: NO KNOWN DRUG ALLERGY

PROBLEMS:

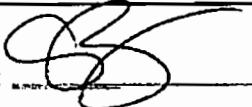
ORDER TYPE: Standard

Buprenorph/Nalox8/2mg Tab (SUBOXONE)

QUANTITY: \*3.0000\*

PLACE 1 TABLET(S) UNDER THE TONGUE IN THE EVENING

WRITTEN: 01/25/24 REFILLS: \*0\* Order ID: 35044398

Signature: 

START: 01/25/24

NPI: 1902072101

DEA X#:

(DRUG ROOM)  
1115 S.E. JACKSON STREET  
ALBANY, OR 97322

BRAUN, MARK A  
DEA: FB2576772

Option 1. Prescriber must manually sign this hard-copy and fax to the pharmacy. Hard-copy must then be presented to backup pharmacy before releasing medication.  
Option 2. Check this box [ ] if the prescriber is not available to sign this hard-copy BUT the authorizing prescriber phoned the backup directly to request an emergency supply of medications (this supply must be followed by hard-copy to the backup pharmacy within 7 days.)  
If Options 1 or 2 are not met, the pharmacy will reject this fax as being incomplete

This prescription will be filled generically unless prescriber writes "D.A.W." or "DISPENSE AS WRITTEN" on prescription

sapphire

Included security features:  
Quantity denoted with a \* border, signature line is micro font text, this description

*Jan 24  
1/24/24*

## Problem List

Name: GLASSMAN, BRANDON SO#: 409260 DOB: 6-14-02Allergies: NKDA

## Medical &amp; Mental Health Diagnosis

7-21-22 EMESIS  
DIARRHEA  
BODYACHES  
8-3-22 ~~Zoloft~~ MDD ANX. DUNDS  
8-15-22 HEADACHE  
8-15-22 PAIN  
01/23/24 OPIATE ADDICTION  
1/27/24 HA  
3/13/24 PTSD  
3/22/24 Congestion  
3/24/24 PAIN  
4-15-24 SUBUTEX USE

## Prescriptions &amp; Treatment

PROMETHAZINE  
LOPERAMIDE  
IBUPROFEN  
ZOLOFT  
TYLENOL  
IBU  
Suboxone  
Cetotonyphene  
Prorized Risperidol  
Mucinex  
ibuprofen  
FIBER

## Outside Physician's Contact Info.

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## Miscellaneous

HIP 8-10-22  
PE - 3/14/24

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE	4.15.24	TIME	NAME	GLASSMAN, BRANDON	1
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1. DAILY FIBER CAP 1 PO QD RT SUBUTEX USE.  
v/o Drs BRYAN/H

NOTED Brandon 4.16.24

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE		TIME	NAME		2
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UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE		TIME	NAME		3
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UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE		TIME	NAME		4
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UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name \_\_\_\_\_

Physician \_\_\_\_\_

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE 3/24/24	TIME	NAME GLASSMAN, BRANDON	1
1. ibuprofen 400 mg Give i/po TID PRN x 14 days via Dr. Prendergast/K.J., RN			

CHECKED MAR 24 2024 K

*(Signature)*

PER KITE REQUEST - Ø hx ulcers/GI bleed per PT.

 UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 3/25/24	TIME	NAME Glassman, Brandon	2
Renewal ① Buprenorphine 8mg po, subl. daily @ 1400 via Brown <i>(Signature)</i>			
DEA PB25710772 QUANTITY: # 30 0 refills			

NOTED 3/26/24 K.J., RN

*(Signature)* UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 4/8/24	TIME	NAME Brandon Glassman	3
1.) D.C. Payson 2.) Risperdal 1mg po q48s via Nease <i>(Signature)</i>			

NOTED 4/10/24 K.J., RN

 UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 4/9/24	TIME	NAME Glassman, Brandon	4
Renewal ① Acetaminophen 325 mg Take 2 tabs po, TID PRN via Brown <i>(Signature)</i>			

NOTED 4/10/24 K.J., RN

*(Signature)* UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE 2-28-24	TIME	NAME Glassman, Brandon	1
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① D/C SUBOXONE 8/2mg S TO  
 ② BUPRENORPHINE 8mg TAB GIVE + TAB SL QD  
 v/o DR. M. BRAUN /B. Burger  
 DEA: FB2576772

2/28/24

Angela Burger LPN/EMT

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 3/13/24	TIME	NAME Brandon Glassman	2
--------------	------	-----------------------	---

1) Pravocin 1mg po + pts  
 j/winner

Angela Burger LPN/EMT 3/13/24

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 3-18-24	TIME	NAME GLASSMAN, BRANDON	3
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Renew:

1. ACETAMINOPHEN 325 MG IT PO TID PRN FOR HA x 30 DAYS.  
 v/o DR. BRAUN /k

Angela Burger LPN/EMT 3/18/24

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 3/22/24	TIME	NAME GLASSMAN, BRANDON	4
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1. Cr/H Mucinex ER 600 mg Give IT PO BID PRN x 5 days  
 v/o Dr. Mark Braun /k, RN

Bobbie France, LPN

PER KITE REQUEST

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name Glassman, Brandon	Physician
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PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

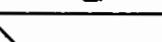
LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE 01/23/24	TIME 1419	NAME Glassman, Brandon C.	1
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① Suboxone 8/2mg TAB, 1/2 tab + PO/SL QH (CRUSH) 

v/o Dr. Mark Brown 

DEA FB257L772 QUANTITY: 30 TABS

② Suboxone 8/2mg TAB, 1/2 tab + PO QD (RELEASE FNU) 

v/o Dr. Mark Brown 

DEA FB257L772 QUANTITY: 3 TABS 

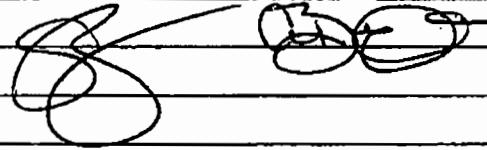
<sup>NO RX</sup>  
<sup>NO RX</sup> Bobbie France, LPN

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 1-27-24	TIME	NAME Glassman, Brandon	2
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1. Acetaminophen 325mg 2 tabs, po, TID, PRN

for HA

v/o Brown 

Brandon 1-27-24

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 2-20-24	TIME	NAME Glassman, Brandon	3
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Renewal

① ACETAMINOPHEN 325 MG TABS GIVE IT TABS PO TID PRN X 20 TABS

v/o Dr. M. Brown / Brandon

Noted 2-20-24 K. J. RN 

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 2-20-24	TIME	NAME Glassman, Brandon	4
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Renewal

① BUPIENORPH/NALOX 8/2MG TABS

PLACE + TAB SL @ 1400

v/o Dr. M. Brown / Brandon

DEA FB 257L772

Noted 2-20-24 K. J. RN 

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name Glassman, Brandon

Physician M. Brown

PLEASE WRITE FIRMLY

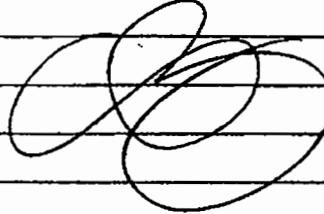
USE BLACK BALL POINT PEN

LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE 8-22-22	TIME	NAME GLASSMAN, BRANDON	1
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① ibu 400 mg TAB GIVE IT TAB PO TID PRN X 7 DAYS  
V/o DR. M. BRAUN / T. LONK RN

Noted by LICE, RN

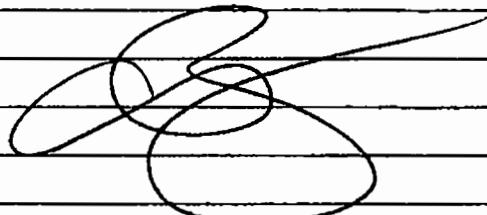


UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/23/22	TIME	NAME	2
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① Accucheck

② Weekly weight



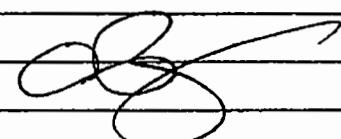
Noted by LICE, RN

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8-29-22	TIME	NAME GLASSMAN, BRANDON	3
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① ACETAMIN 134 400 mg TAB: GIVE IT TAB PO TID PRN X 14 DAYS  
V/o DR. M. BRAUN / T. LONK RN

MEDS simatic

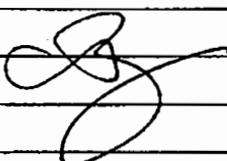


UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8-30-22	TIME	NAME GLASSMAN, BRANDON	4
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RENEWAL

① ACETAMINOPHEN 325 mg TAB GIVE IT TABS PO TID PRN X 30 DAYS  
V/o DR. M. BRAUN / T. LONK RN



UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name GLASSMAN, BRANDON Physician BRAUN

11/24

PLEASE WRITE FIRMLY

USE BLACK BALL POINT PEN

LINN COUNTY JAIL  
PHYSICIAN'S ORDERS

DATE 7.21.22	TIME 1500	NAME GLASSMAN, BRANDON	1
1. PROMETHAZINE 25mg PO TID X 2 DAYS.			
2. LOPERAMIDE 2mg PO TID X 2 DAYS.			
3. IBUPROFEN 400mg PO TID PRN For BODY ACHES X 14 DAYS.			
V/O by M BRAUN / K			

Noted by L RICE, RN

 UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/1/22	TIME	NAME Brandon Glassman	2
1.) Zoloft 50mg po t qD for depression			

NOTED GLASSMAN

 UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8/15/22	TIME	NAME	3
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TYLENOL 325 mg it tabs po TID PRN x 30 DAYS  
v/o DR. M. BRAUN / L RICE, RN UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

DATE 8.15.22	TIME 2000	NAME GLASSMAN, BRANDON	4
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Per 2 PT REQUEST:

- IBUPROFEN 400 mg PO TID PRN X 7 DAYS.

v/o DR. M. BRAUN / K

NOTED GLASSMAN

 UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY.

Patient Name GLASSMAN, BRANDON Physician BRAUN  
 NIV-A-2

## Linn County Sheriff's Office – Medical Department

Name: GLASSMAN, BRANDON Date: 3-24-24 Tech: K-578

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bili	Gluc
CLEAR											
ODD STRAIN											
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
<b>HCG</b>	<b>KOH</b>	<b>Wet Mount</b>		<b>Strep</b>		<b>Hemoccult</b>		<b>Urine Drug Screen</b>			
								<input type="checkbox"/> AMP	<input type="checkbox"/> BAR		
								<input type="checkbox"/> BUP	<input type="checkbox"/> BZO		
								<input type="checkbox"/> COC	<input type="checkbox"/> MDMA		
								<input type="checkbox"/> MET	<input type="checkbox"/> MTD		
								<input type="checkbox"/> OPI300	<input type="checkbox"/> Oxy		
								<input type="checkbox"/> PPX	<input type="checkbox"/> THC		

## Linn County Sheriff's Office – Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bili	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
<b>HCG</b>	<b>KOH</b>	<b>Wet Mount</b>		<b>Strep</b>		<b>Hemoccult</b>		<b>Urine Drug Screen</b>			
								<input type="checkbox"/> AMP	<input type="checkbox"/> BAR		
								<input type="checkbox"/> BUP	<input type="checkbox"/> BZO		
								<input type="checkbox"/> COC	<input type="checkbox"/> MDMA		
								<input type="checkbox"/> MET	<input type="checkbox"/> MTD		
								<input type="checkbox"/> OPI300	<input type="checkbox"/> Oxy		
								<input type="checkbox"/> PPX	<input type="checkbox"/> THC		

## Linn County Sheriff's Office – Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bili	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
<b>HCG</b>	<b>KOH</b>	<b>Wet Mount</b>		<b>Strep</b>		<b>Hemoccult</b>		<b>Urine Drug Screen</b>			
								<input type="checkbox"/> AMP	<input type="checkbox"/> BAR		
								<input type="checkbox"/> BUP	<input type="checkbox"/> BZO		
								<input type="checkbox"/> COC	<input type="checkbox"/> MDMA		
								<input type="checkbox"/> MET	<input type="checkbox"/> MTD		
								<input type="checkbox"/> OPI300	<input type="checkbox"/> Oxy		
								<input type="checkbox"/> PPX	<input type="checkbox"/> THC		

## Linn County Sheriff's Office – Medical Department

Name: Date: Tech:

Character	Color	Leuk	Nitrate	Urobili	Prot	pH	Blood	SpGr	Ketones	Bili	Gluc
Normal		Neg	Neg	Neg	Neg	5-7	Neg	1.005-1.030	Neg	Neg	Neg.
<b>HCG</b>	<b>KOH</b>	<b>Wet Mount</b>		<b>Strep</b>		<b>Hemoccult</b>		<b>Urine Drug Screen</b>			
								<input type="checkbox"/> AMP	<input type="checkbox"/> BAR		
								<input type="checkbox"/> BUP	<input type="checkbox"/> BZO		
								<input type="checkbox"/> COC	<input type="checkbox"/> MDMA		
								<input type="checkbox"/> MET	<input type="checkbox"/> MTD		
								<input type="checkbox"/> OPI300	<input type="checkbox"/> Oxy		
								<input type="checkbox"/> PPX	<input type="checkbox"/> THC		

# Linn County Jail Health Services

## **CLINIC FLOW SHEET**

Inmate's name: GLASSMAN, Brandon SO#: 409260  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Wt: \_\_\_\_\_ PFT Goal: \_\_\_\_\_  
Clinic: WT ✓ \_\_\_\_\_  
Medication: \_\_\_\_\_

INT. Signature

**Signature**

1. R. Shankar  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## PERMANENT MEDICAL HISTORY RECORD

**IGNIFICANT ILLNESS/INJURY/DIAGNOSIS**

Description	Approximate Date	Comments	Confirmed? (init.)
NKDA			

PT ABLE TO CHRONICALLY DISLOCATE (R) SHOULDER  
90 TBI / SKULL FX AGE 60

## URGICAL HISTORY

#### CONFIRMED MEDICAL PROVIDERS

ame \_\_\_\_\_ City/State \_\_\_\_\_ Contact Info: \_\_\_\_\_ Confirmed? (init. \_\_\_\_\_)

INMATE NAME GLASSMAN, BRANDON C I.D. # 4-14-02 SO# 409260

*(This form is to be transferred to all future charts for this patient.)*

**COVID-19 Test**

Patient ID: glassman  
Date: 18/Aug/2022  
Time: 08:52

COVID-19: Negative  
Procedural control valid

Lot number: 1071740  
Test ID: 4e457a9f-67c2-4c  
8d-a5b6-5a0a319bb74f  
User ID: tina  
Instrument serial number: B3CDDC1C

**ID NOW**

**COVID-19 Test**

Patient ID: glassman  
Date: 23/Aug/2022  
Time: 08:58

COVID-19: Negative  
Procedural control valid

Lot number: M187854  
Test ID: 41cd6a83a-9d5f-4f  
1a-915e-80a7838aab4d  
User ID: savanna  
Instrument serial number: B3CDDC1C

**ID NOW**

# LINN COUNTY DEPARTMENT OF HEALTH SERVICES

## JAIL MENTAL HEALTH CONSULTATION

Date: 4/15/2024	Time: 3:10 pm	AIC: Brandon Glassman	DOB: 6/14/2002
-----------------	---------------	-----------------------	----------------

Reason for Referral: KYTE from AIC.

**History and Current Presentation:** Mr. Glassman states that he is feeling anxiety over not knowing the status of his case and he is requesting to know what is going on with his case. I reminded Mr. Glassman that I am a therapist and that I don't know any legal status. I recommended that he call his attorney. I then redirected Mr. Glassman to discuss his anxiety. We talked about coping strategies such as activity sheets and reading books. We also talked about exercising in his cell which he agreed to try.

### RECOMMENDATIONS FOR FOLLOW UP

**Disposition/Plan:** Activity pages sent to his cell. Mr. Glassman will also practice his coping skills discussed in today's session to alleviate his anxiety.

- Continue medication management with Ben
- Schedule with mental health for follow up

<input type="checkbox"/> Camera Cell	<input type="checkbox"/> Regular Tray	<input type="checkbox"/> 1 hour	<input type="checkbox"/> ADPC
<input type="checkbox"/> Razor Restriction	<input type="checkbox"/> Double Bunk	<input type="checkbox"/> 15 min	<input type="checkbox"/> Escort
<input type="checkbox"/> Suicide Smock	<input type="checkbox"/> Single bunk	<input type="checkbox"/> 30 min	<input type="checkbox"/> HRO
<input type="checkbox"/> Suicide Blanket	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Regular Bed Roll	<input type="checkbox"/> MHAP
<input type="checkbox"/> Mattress	<input type="checkbox"/> Intake	<input type="checkbox"/> No hygiene in cell	
<input type="checkbox"/> Close obs.	<input checked="" type="checkbox"/> General Pop	<input checked="" type="checkbox"/> Books	
<input type="checkbox"/> Safety Tray	<input type="checkbox"/> Suicide Watch	[ ] no headphones	

### Mental Status Exam (MSE)

**Weight:**  Proportional       Underweight       Overweight

**Activity Level:**  Normal/Calm       Slowed       Agitated  
 Hyperactive

**Appearance:**  Age appropriate       Bizarre/Inappropriate       Disheveled  
 Malodorous       Meticulous

**Attitude:**  Cooperative       Guarded       Passive/withdrawn       Hostile  
 Restless       Flirtatious       Fearful       Belligerent

**Emotional State:**  Appropriate       Angry       Irritable       Anxious       Apathetic  
 Depressed       Euphoric       Fearful       Suspicious       Euthymic  
 Dysphoric       Elevated       Grandiose       Happy

**LINN COUNTY DEPARTMENT OF HEALTH SERVICES**  
**JAIL MENTAL HEALTH CONSULTATION**

**Intellectual Functioning:** Age appropriate Impaired Unknown

**Intensity of affect:** Normal Blunted Flat  
Expansive Labile

**Memory:** Intact Impaired Short Term  
Unknown Impaired Long Term

**Orientation:** Disoriented to time Disoriented to place No Concerns (Ox4)  
Disoriented to person Disoriented to circumstance

**Reasoning and Judgement:** Age appropriate Impaired Unknown

**Abstraction:** Age appropriate Impaired Unknown

**Speech and Thought**

**Process:** Organized Flight of ideas Evasive Incoherent  
Latency of response Perseveration Pressured  
Tangential

**Unusual Thoughts or Perceptual Abnormalities/Hallucinations (Per Client Report):** none disclosed by client

**Suicidal Ideation:** None Thoughts Intent Plan Means  
Previous Attempts Family History of Suicide

**Comments:** denies suicidal ideation

**Homicidal Ideation:** None Thoughts Intent Plan

**Comments:** denies

**Non-Suicidal Self Injury:** None Thoughts Intent Plan

**Drug Use:** Fentanyl, methamphetamine, cannabis

**Diagnosis:** Opioid Use Disorder, Stimulant Use Disorder, Cannabis Use Disorder, ADHD

**Clinicians Name:** Rachelle Spindler LPC, CADC I **Date/Time:** 4/15/2024 at 4:00 pm

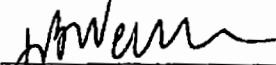
Name: GUASSMAN, BRANDON DOB: 6-14-02 Date: 4-8-24Allergies: NKA

## Mental Status:

<u>Appearance:</u>	Well-Groomed <input type="checkbox"/>	Casual <input checked="" type="checkbox"/>	Inapprop <input type="checkbox"/>	Bizarre <input type="checkbox"/>	Malodor <input type="checkbox"/>
<u>Attitude:</u>	Cooperative <input type="checkbox"/>	Guarded <input checked="" type="checkbox"/>	Uncoop <input type="checkbox"/>	Belligerent <input type="checkbox"/>	
<u>Motor Activity:</u>	Calm <input type="checkbox"/>	Restless <input checked="" type="checkbox"/>	Hyper <input type="checkbox"/>	Agitated <input type="checkbox"/>	
<u>Affect:</u>	Appropriate <input type="checkbox"/>	Labile <input type="checkbox"/>	Expansive <input checked="" type="checkbox"/>	Constricted <input type="checkbox"/>	Blunted <input type="checkbox"/> Flat <input type="checkbox"/>
<u>Mood:</u>	Euthymic <input type="checkbox"/>	Depressed <input checked="" type="checkbox"/>	Anxious <input checked="" type="checkbox"/>	Cycling <input type="checkbox"/>	
<u>Speech:</u>	Normal <input checked="" type="checkbox"/>	Delayed <input type="checkbox"/>	Soft <input type="checkbox"/>	Loud <input type="checkbox"/>	Rapid <input type="checkbox"/> Slurred <input type="checkbox"/>
<u>Thought Process:</u>	Intact <input type="checkbox"/>	Circumst <input checked="" type="checkbox"/>	Tangential <input type="checkbox"/>	Loose <input type="checkbox"/>	Flighty <input type="checkbox"/>
<u>Thought Content:</u>	No Halluc <input checked="" type="checkbox"/>	Auditory <input type="checkbox"/>	Visual <input type="checkbox"/>	Paranoia <input type="checkbox"/>	Delusions <input type="checkbox"/> Grand <input type="checkbox"/>
<u>Suicidal:</u>	None <input checked="" type="checkbox"/>	Ideas <input type="checkbox"/>	Plan <input type="checkbox"/>	Means <input type="checkbox"/>	
<u>Homicidal Ideation:</u>	None <input checked="" type="checkbox"/>	Ideas <input type="checkbox"/>	Plan <input type="checkbox"/>	Means <input type="checkbox"/>	
<u>Orientation:</u>	Person <input checked="" type="checkbox"/>	Place <input checked="" type="checkbox"/>	Time <input type="checkbox"/>	Gen Info <input type="checkbox"/>	
<u>Cognitive Ex intact:</u>	Spelling <input type="checkbox"/>	No <input type="checkbox"/>	Simple Calcs <input type="checkbox"/>	No <input type="checkbox"/>	
<u>Memory:</u>	Intact <input type="checkbox"/>	Impaired: Immed <input type="checkbox"/>	Recent <input type="checkbox"/>	Remote <input type="checkbox"/>	
<u>Judgment:</u>	Intact <input type="checkbox"/>	Impaired: Minim <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
<u>Insight:</u>	Intact <input type="checkbox"/>	Impaired: Minim <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	
<u>Executive Functioning:</u>	Intact <input type="checkbox"/>	Impaired: Plan <input type="checkbox"/>	Organize <input type="checkbox"/>	Sequence <input type="checkbox"/> Abstract <input type="checkbox"/>	

Dx: PTSDPlan: add Risperdal 1mg po! gttS  
DC Prayosin

S/O: "That other med (prayosin) didn't do anything. You don't seem to know what you're doing." Asking for Seroquel.

Signature: 

J. Ben Newman PMHNP

LINN COUNTY CORRECTIONAL FACILITY

INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION

NAME Glassman, Brandon DATE 4/8/24 SO# 409260



I have been informed of the possible side effects, potential risks, and benefits of the medication(s) listed. I have also been made aware of alternative treatment options.

Medication(s)

Risperidol

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---

---

I clearly understand that I have the right at any time to refuse any psychotropic medication.

Inmate Signature

Date 4-8-24

Witness Signature

Date

Name: GLASSMAN, BRANDON DOB: 6-14-2002 Date: 3-13-24Allergies: NKA

## Mental Status:

<u>Appearance:</u>	Well-Groomed	<input type="checkbox"/>	Casual	<input checked="" type="checkbox"/>	Inapprop	<input type="checkbox"/>	Bizarre	<input type="checkbox"/>	Malodor	<input type="checkbox"/>
<u>Attitude:</u>	Cooperative	<input type="checkbox"/>	Guarded	<input checked="" type="checkbox"/>	Uncoop	<input type="checkbox"/>	Belligerent	<input type="checkbox"/>		
<u>Motor Activity:</u>	Calm	<input checked="" type="checkbox"/>	Restless	<input type="checkbox"/>	Hyper	<input type="checkbox"/>	Agitated	<input type="checkbox"/>		
<u>Affect:</u>	Appropriate	<input checked="" type="checkbox"/>	Labile	<input type="checkbox"/>	Expansive	<input type="checkbox"/>	Constricted	<input type="checkbox"/>	Blunted	<input type="checkbox"/>
<u>Mood:</u>	Euthymic	<input type="checkbox"/>	Depressed	<input checked="" type="checkbox"/>	Anxious	<input checked="" type="checkbox"/>	Cycling	<input type="checkbox"/>		
<u>Speech:</u>	Normal	<input checked="" type="checkbox"/>	Delayed	<input type="checkbox"/>	Soft	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Rapid	<input type="checkbox"/>
<u>Thought Process:</u>	Intact	<input checked="" type="checkbox"/>	Circumst	<input type="checkbox"/>	Tangential	<input type="checkbox"/>	Loose	<input type="checkbox"/>	Flighty	<input type="checkbox"/>
<u>Thought Content:</u>	No Halluc	<input checked="" type="checkbox"/>	Auditory	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Paranoia	<input type="checkbox"/>	Delusions	<input type="checkbox"/>
<u>Suicidal:</u>	None	<input checked="" type="checkbox"/>	Ideas	<input type="checkbox"/>	Plan	<input type="checkbox"/>	Means	<input type="checkbox"/>		
<u>Homicidal Ideation:</u>	None	<input checked="" type="checkbox"/>	Ideas	<input type="checkbox"/>	Plan	<input type="checkbox"/>	Means	<input type="checkbox"/>		
<u>Orientation:</u>	Person	<input checked="" type="checkbox"/>	Place	<input checked="" type="checkbox"/>	Time	<input type="checkbox"/>	Gen Info	<input type="checkbox"/>		
<u>Cognitive Fx intact:</u>	Spelling	<input type="checkbox"/>	No	<input type="checkbox"/>	<u>Simple Calcs</u>		<input type="checkbox"/>	No	<input type="checkbox"/>	
<u>Memory:</u>	Intact	<input type="checkbox"/>	<u>Impaired:</u>		Immed	<input type="checkbox"/>	Recent	<input type="checkbox"/>	Remote	<input type="checkbox"/>
<u>Judgment:</u>	Intact	<input type="checkbox"/>	<u>Impaired:</u>		Minim	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
<u>Insight:</u>	Intact	<input type="checkbox"/>	<u>Impaired:</u>		Minim	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
<u>Executive Functioning:</u>	Intact	<input type="checkbox"/>	<u>Impaired:</u>		Plan	<input type="checkbox"/>	Organize	<input type="checkbox"/>	Sequence	<input type="checkbox"/>
					Abstract	<input type="checkbox"/>				

Dx: PTSD Plan: Prayson long post ptsS/O: Reports anxiety, sleeplessness, nightmaresSignature: J. Ben Newman  
J. Ben Newman PMHNP

LINN COUNTY CORRECTIONAL FACILITY

INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION

NAME Glassman, Brandon DATE 3/13/24 SO# 409260

I have been informed of the possible side effects, potential risks, and benefits of the medication(s) listed. I have also been made aware of alternative treatment options.

Medication(s) Prozasin  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I clearly understand that I have the right at any time to refuse any psychotropic medication.

Inmate Signature Brandon Glassman Date \_\_\_\_\_

Witness Signature   Date 3/13/24

Hand  
9/8/22

# DEPARTMENT OF HEALTH SERVICES

## JAIL CONSULTATION SUMMARY

DATE:	August 15, 2022	TIME:	7am
ADULT IN CUSTODY (AIC):	Brandon Glassman		
		DOB:	6-14-02
STAFF REQUESTING CONSULT:	<input checked="" type="checkbox"/> NURSE	<input type="checkbox"/> DEPUTY	<input type="checkbox"/> OTHER
URGENCY RATING:	<input checked="" type="checkbox"/> URGENT	<input type="checkbox"/> ROUTINE	

### REASON FOR CONSULT AND/OR INMATE'S CONCERNS:

SW#3; MMSE; no restrictions return to general population.

### PERTINENT BACKGROUND INFORMATION:

Ct states that he has been down in E block all weekend and it was getting to be too much. Ct shared he was going through Heroin withdrawals and the only way to get him out of this block and being bothered by other's threats was to say he is suicidal. Ct shared that he doesn't want to kill himself he really would like to return to housing to hopefully eventually get over to privilege housing.

### OBSERVATIONS/ASSESSMENTS (MMSE)

1) POSTURE-	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Limp	<input type="checkbox"/> Rigid
Click or tap here to enter text.			
2) GAIT-	<input checked="" type="checkbox"/> Unimpaired	<input type="checkbox"/> Impaired	
Click or tap here to enter text.			
3) GROOMING-	<input checked="" type="checkbox"/> Appropriately Groomed <input type="checkbox"/> Unshaven <input type="checkbox"/> Disheveled <input type="checkbox"/> Older than stated age <input type="checkbox"/> Underweight	<input checked="" type="checkbox"/> Appropriately Dressed <input type="checkbox"/> Body piercing/tattoo <input type="checkbox"/> Body odor <input type="checkbox"/> Younger than stated age <input type="checkbox"/> Overweight	<input type="checkbox"/> Meticulous <input type="checkbox"/> Poor personal hygiene <input type="checkbox"/> Bizarre <input type="checkbox"/> Average weight <input type="checkbox"/> Frail
Click or tap here to enter text.			
4) MOTOR ACTIVITY-	<input checked="" type="checkbox"/> Calm <input type="checkbox"/> Peculiar mannerisms <input type="checkbox"/> Tremors/tics	<input type="checkbox"/> Slow/lethargic <input type="checkbox"/> Jittery <input type="checkbox"/> Restless legs	<input type="checkbox"/> Psychomotor retardation <input type="checkbox"/> Restless/hyperactive/fidgety <input type="checkbox"/> Agitated/tense
Click or tap here to enter text.			
5) SPEECH-	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Unintelligible	<input type="checkbox"/> Pressured <input type="checkbox"/> Stuttering <input type="checkbox"/> Soft <input type="checkbox"/> Mute	<input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Mumbled <input type="checkbox"/> Word salad

Click or tap here to enter text.				
6)	<b>EYE CONTACT-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Good           <input type="checkbox"/> Fair           <input type="checkbox"/> Poor         </div> <div> <input type="checkbox"/> Avoidant           <input type="checkbox"/> Stares blankly           <input type="checkbox"/> Hyper-vigilant         </div> <div> <input type="checkbox"/> Fixed           <input type="checkbox"/> Fleeting         </div> </div>			
Click or tap here to enter text.				
7)	<b>FACIAL EXPRESSIONS-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Appropriate           <input type="checkbox"/> Tense jaw           <input type="checkbox"/> Grimaces         </div> <div> <input type="checkbox"/> Click or tap here to enter text.         </div> </div>			
8)	<b>ATTITUDE-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Cooperative           <input type="checkbox"/> Uncooperative           <input type="checkbox"/> No acute distress         </div> <div> <input type="checkbox"/> Calm           <input checked="" type="checkbox"/> Pleasant           <input type="checkbox"/> Flirtatious         </div> <div> <input type="checkbox"/> Suspicious           <input type="checkbox"/> Guarded           <input type="checkbox"/> Demanding         </div> <div> <input type="checkbox"/> Aggressive           <input type="checkbox"/> Hostile           <input type="checkbox"/> Fearful         </div> </div>			
Click or tap here to enter text.				
9)	<b>AFFECT-</b> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Full range           <input checked="" type="checkbox"/> Appropriate           <input type="checkbox"/> Labile         </div> <div> <input type="checkbox"/> Flat           <input type="checkbox"/> Blunted           <input type="checkbox"/> Incongruent         </div> </div>			
Click or tap here to enter text.				
10)	<b>MOOD-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Appropriate to situation           <input type="checkbox"/> Euthymic           <input type="checkbox"/> Euphoric         </div> <div> <input type="checkbox"/> Ambivalent           <input type="checkbox"/> Apathetic           <input type="checkbox"/> Somber         </div> <div> <input type="checkbox"/> Bored           <input type="checkbox"/> Dysphoric           <input type="checkbox"/> Hopeless         </div> <div> <input type="checkbox"/> Helpless           <input type="checkbox"/> Worthless           <input type="checkbox"/> Useless         </div> <div> <input type="checkbox"/> Grieving           <input type="checkbox"/> Anxious           <input type="checkbox"/> Panicked         </div> <div> <input type="checkbox"/> Irritable           <input type="checkbox"/> Angry           <input type="checkbox"/> Expansive         </div> <div> <input type="checkbox"/> Grandiose           <input type="checkbox"/> Manic         </div> </div>			
Click or tap here to enter text.				
11)	<b>COGNITIVE-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Generally intact           <input type="checkbox"/> Concentration difficulties           <input type="checkbox"/> Knowledge limitations         </div> <div> <input type="checkbox"/> Intelligence level: <input type="checkbox"/> Above average; <input checked="" type="checkbox"/> Average; <input type="checkbox"/> Below Average; <input type="checkbox"/> Borderline; <input type="checkbox"/> Retarded         </div> </div>			
Click or tap here to enter text.				
12)	<b>THOUGHT PROCESS-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Coherent           <input type="checkbox"/> Spontaneous           <input type="checkbox"/> Unintelligible         </div> <div> <input type="checkbox"/> Loose associations           <input type="checkbox"/> Circumstantial           <input type="checkbox"/> Tangential         </div> <div> <input type="checkbox"/> Racing           <input type="checkbox"/> Confused           <input type="checkbox"/> Slow processing         </div> <div> <input type="checkbox"/> Indecisive           <input type="checkbox"/> Perseverating           <input type="checkbox"/> Derailment         </div> </div>			
Click or tap here to enter text.				
13)	<b>PERCEPTIONS-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> No impairment           <input type="checkbox"/> Olfactory           <input type="checkbox"/> Derealization         </div> <div> <input type="checkbox"/> Auditory hallucinations           <input type="checkbox"/> Flashbacks           <input type="checkbox"/> Illusions         </div> <div> <input type="checkbox"/> Visual hallucinations           <input type="checkbox"/> Depersonalization           <input type="checkbox"/> Command hallucinations         </div> </div>			
Click or tap here to enter text.				
14)	<b>THOUGHT CONTENT-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Normal           <input type="checkbox"/> Obsessive/compulsive           <input checked="" type="checkbox"/> Preoccupation         </div> <div> <input type="checkbox"/> Phobia           <input type="checkbox"/> Persecutory           <input type="checkbox"/> Somatic         </div> <div> <input type="checkbox"/> Poverty           <input type="checkbox"/> Bizarre           <input type="checkbox"/> Religiosity         </div> <div> <input type="checkbox"/> Nihilistic           <input type="checkbox"/> Sexual           <input type="checkbox"/> Jealousy         </div> </div>			
Click or tap here to enter text.				
15)	<b>ORIENTATION-</b> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Time           <input type="checkbox"/> Person           <input type="checkbox"/> Place         </div> <div> <input type="checkbox"/> Purpose/situation         </div> </div>			
Ox4				
16)	<b>ATTENTION-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Satisfactory           <input type="checkbox"/> Poor           <input type="checkbox"/> Short         </div> <div> <input type="checkbox"/> Distractible         </div> </div>			
Click or tap here to enter text.				
17)	<b>MEMORY-</b> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Intact           <input type="checkbox"/> Impaired immediate           <input type="checkbox"/> Impaired recent         </div> <div> <input type="checkbox"/> Click or tap here to enter text.         </div> </div>			

Impaired remote

Click or tap here to enter text.

18) JUDGMENT-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.			
19) INSIGHT-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.			
20) ABSTRACTION-	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Impaired	<input type="checkbox"/> Impaired severely
Click or tap here to enter text.			
21) APPETITE-	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to eat
<input type="checkbox"/> Eating disorder			
Click or tap here to enter text.			
22) SLEEP-	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Hypersomnia
<input type="checkbox"/> Difficulty going to sleep <input type="checkbox"/> Wakes up early <input type="checkbox"/> Restless/wakes up often			
Click or tap here to enter text.			
23) NON-SUICIDAL SELF-INJURY-	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting	<input type="checkbox"/> Burning
<input type="checkbox"/> Other      Info: <input type="checkbox"/> Mild hesitation cuts; <input type="checkbox"/> Moderate; <input type="checkbox"/> Severe needing sutures			
Click or tap here to enter text.			
23) SUICIDAL THOUGHTS-	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Thoughts	<input type="checkbox"/> Intent
<input type="checkbox"/> Plans <input type="checkbox"/> Means <input type="checkbox"/> Previous attempts			
<input type="checkbox"/> Family history of suicide			
Ct shared that he has never attempted suicide in the past and is not currently suicidal.			

## SUBSTANCE USE HISTORY

ALCOHOL:	No Use	<input checked="" type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Withdrawal potential	<input type="checkbox"/>
Last Use: Click or tap to enter a date.										
AMPHETAMINE:	No Use	<input checked="" type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Withdrawal potential	<input type="checkbox"/>
Last Use: Click or tap to enter a date.										
CANNABIS:	No Use	<input checked="" type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Withdrawal potential	<input type="checkbox"/>
Last Use: Click or tap to enter a date.										
HEROIN:	No Use	<input type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Heavy	<input checked="" type="checkbox"/>	Withdrawal potential	<input checked="" type="checkbox"/>
Last Use: Click or tap to enter a date.										
OTHER: Click or tap here to enter text.	No Use	<input type="checkbox"/>	Light	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Withdrawal potential	<input type="checkbox"/>
Last Use: Click or tap to enter a date.										
Comments:	Click or tap here to enter text.									

## RISK ASSESSMENT

Suicide Risk:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Social Disturbance:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Judgment:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Danger to Others:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Alcohol/Drug Use:	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> High

Adjustment with anxiety and disturbance of conduct;  
**DIAGNOSIS:** opioid withdrawal.

### Mental Health Plan

- Refer to Jail mental health prescriber for medication management
- AIC to take prescribed medication
- Place AIC on suicide watch (intake, suicide clothes, blanket and camera, 15min watch)
- Place AIC on close observation (intake, camera, regular clothes, blanket, 30min watch)
- Place AIC in general population camera cell (housing, clothes, blanket, 1hr watch)
- Place AIC in general population (housing, double bunk, regular clothes, blanket, 1hr watch)
- Mental Health to pursue admission to inpatient psychiatric hospital
- Other: Click or tap here to enter text.
- Problems Observed: Click or tap here to enter text.

### Recommended Treatment Plan for Deputies:

- Contact mental health with concerns and/or observations
- Keep AIC away from other AICs
- Other: Click or tap here to enter text.

Signature of Consultant: Misty Stebbins LPC

Date: 8/15/2022

Time: 1259pm

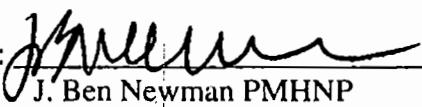
Federal regulations (42 CFR Part 2) and state law prohibit anyone from making any disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

**One copy of all pages to be placed in AIC's medical file and the original of all pages is to be retained by the Mental Health Worker.**

Name: GLASSMAN, Brandon DOB: 6-14-02 Date: 8-3-22Allergies: NKDA

## Mental Status:

<u>Appearance:</u>	Well-Groomed	<input type="checkbox"/>	Casual	<input checked="" type="checkbox"/>	Inapprop	<input type="checkbox"/>	Bizarre	<input type="checkbox"/>	Malodor	<input type="checkbox"/>
<u>Attitude:</u>	Cooperative	<input checked="" type="checkbox"/>	Guarded	<input type="checkbox"/>	Uncoop	<input type="checkbox"/>	Belligerent	<input type="checkbox"/>		
<u>Motor Activity:</u>	Calm	<input type="checkbox"/>	Restless	<input checked="" type="checkbox"/>	Hyper	<input type="checkbox"/>	Agitated	<input type="checkbox"/>		
<u>Affect:</u>	Appropriate	<input checked="" type="checkbox"/>	Labile	<input type="checkbox"/>	Expansive	<input type="checkbox"/>	Constricted	<input type="checkbox"/>	Blunted	<input type="checkbox"/>
<u>Mood:</u>	Euthymic	<input type="checkbox"/>	Depressed	<input checked="" type="checkbox"/>	Anxious	<input checked="" type="checkbox"/>	Cycling	<input type="checkbox"/>		
<u>Speech:</u>	Normal	<input checked="" type="checkbox"/>	Delayed	<input type="checkbox"/>	Soft	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Rapid	<input type="checkbox"/>
<u>Thought Process:</u>	Intact	<input checked="" type="checkbox"/>	Circumst	<input type="checkbox"/>	Tangential	<input type="checkbox"/>	Loose	<input type="checkbox"/>	Flighty	<input type="checkbox"/>
<u>Thought Content:</u>	No Halluc	<input checked="" type="checkbox"/>	Auditory	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Paranoia	<input type="checkbox"/>	Delusions	<input type="checkbox"/>
<u>Suicidal:</u>	None	<input checked="" type="checkbox"/>	Ideas	<input type="checkbox"/>	Plan	<input type="checkbox"/>	Means	<input type="checkbox"/>		
<u>Homicidal Ideation:</u>	None	<input checked="" type="checkbox"/>	Ideas	<input type="checkbox"/>	Plan	<input type="checkbox"/>	Means	<input type="checkbox"/>		
<u>Orientation:</u>	Person	<input checked="" type="checkbox"/>	Place	<input checked="" type="checkbox"/>	Time	<input type="checkbox"/>	Gen Info	<input type="checkbox"/>		
<u>Cognitive Fx intact:</u>	Spelling	<input type="checkbox"/>	No	<input type="checkbox"/>		<u>Simple Calcs</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	
<u>Memory:</u>	Intact	<input type="checkbox"/>		<u>Impaired:</u>	Immed	<input type="checkbox"/>	Recent	<input type="checkbox"/>	Remote	<input type="checkbox"/>
<u>Judgment:</u>	Intact	<input type="checkbox"/>		<u>Impaired:</u>	Minim	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
<u>Insight:</u>	Intact	<input type="checkbox"/>		<u>Impaired:</u>	Minim	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
<u>Executive Functioning:</u>	Intact	<input type="checkbox"/>		<u>Impaired:</u>	Plan	<input type="checkbox"/>	Organize	<input type="checkbox"/>	Sequence	<input type="checkbox"/>
									Abstract	<input type="checkbox"/>

Dx: MDD Plan: Zoloft 50mg po iqd  
Anx D/ANOSS/O: Reports depression & anxiety. Hands are shaking  
Reports night sweatsSignature:   
J. Ben Newman PMHNP

## **PROGRESS/CLINICAL NOTES**

## **PROGRESS/CLINICAL NOTES**

PAGE NO.

SO# 409260

NAME: Glassman, Brandon C

## **PROGRESS/CLINICAL NOTES**

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S=Subjective O=Objective A=Assessment P=Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
8/3/22		(S) Pt. SEEN BY LCMH, B. NEWMAN PMHNP.	—
		(O) SEE CONSULT ON FILE	—
		(P) Rx x 1, Flu, SE	
8/10/22	1535		HP COMPLETED. DENIED PENDING MD REVIEW OF SHOULDER & CHRONIC DISLOCATION, & RECENT ISSUES. KO
8/11/22	1340		MD APPROVED PT WORK STATUS P REVIEW OF PHYSICAL
8/18/22	1350		MD REVIEWED WEIGHTS / SCHEDULED FOR ONE MORE READING
8/23/22			S REVIEWED PT'S KITE DATED 8/22/22 w/ DR. BRAUN.
		P OBTAINED ORDERS	RECEIVED
8/25/22		(O) MD REVIEWED WTS	
		(P) CONT. ONE MORE WT. & THEN REVIEWED - Glontek	
8/28/22		(S) MD REVIEWED PT WT.	
		(P) D/C'D WT ✓	Glontek
9/8/22			Revis consult dated 8/15/22 from M. Stebbins LCMH
		See consult on file	
		Was cleared from SW on that day	
		Released 9/8/22 0417	SPUNES
9/14/22			
01/25/24	1419	S	Pt seen in prison for I/S, REPORTS TAKING SUBSTANCES FOR OPIOID DEPENDENCE, TRANSFER FROM MARION CO, MAR RELEASING, LAST DOSE YESTERDAY, CONCERNED ABOUT WEIGHT
		O	152/81 - 108-14-99% <sup>ab</sup> -98 <sup>b</sup> -145 lbs, BMI 20.22, VDS <b>A</b> TUD
		A	ABET / ORIORS, ANSWERING QUESTIONS APPROPRIATELY / COOPERATION, TREATING UNBORNED w/ TELL PUN- KIDNEY SKIN WORN OPEN

## **PROGRESS/CLINICAL NOTES**

PAGE NO.

SO# 409260 NAME: Glaseman, Brandon

## PROGRESS/CLINICAL NOTES

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S = Subjective O = Objective A = Assessment P = Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
7-21-22	1500	S	S PT SEEN IN W MED FOR 11S FENTANYL W/O. [NKDA]
		O	Φ O MEO HX. USING 5-6 "BLUES" A DAY LAST USE YESTERDAY. C/O N/V/O, BODYACHES & HT/ COLD SWEATS. DENIES HA. REFUSED CLIQ DIET. DENIES RECENT ISSUES w/ R SHOULDER DISLOCATIONS. Φ OTHER C/O.
		O	T 98.6 BP 112/80 P 96 R 14 SpO2 99%. WT 126.6 A/D. C/C. CLEAR SPEECH. BRU. SKIN WARM/DRY/ (+) PILDEXTION. PT IN NAD. ORAL MUCOSA PINK/ MOIST. Φ ULCER HX.
		A	RISK FOR DEHYDRATION.
		P	SEE PD SHEET. ↑ FLUIDS. PCR COLLECTED. SCHED FOR PTU FENTANYL W/O IN AM. KOD
07/22/22	0947	S	PT SEEN IN MEDICAL TO F/U ON FENTANYL W/O, DROWSY N/V/O, BURN ACHES, BATH/DRINKING A/D, DIURETIC LIQUID DLT
		O	107/76-108-14-98 <sup>70</sup> - 78 <sup>3</sup> - 12 SBS
		A	Alert/Oriented, ANSWERS QUESTIONS APPROPRIATELY/COOPERATIVE, BATHING UNASSISTED w/ BATH/SHOWER, SKIN WARM/DRY
		P	ENLARGED FLUIDS, SCHWABED FOR F/U, DROWSY BUT BETTER N/V/O/CONCUSSION, WELL WITH MINIMAL PT FURTHER
07/23/22	0910	S	PT SEEN IN MEDICAL TO F/U ON FENTANYL W/O, DROWSY N/V/O, BURN ACHES, BATH/DRINKING
		O	109/83-115-14-98 <sup>70</sup> - 99.6
		A	Alert/Oriented, ANSWERS QUESTIONS APPROPRIATELY/COOPERATIVE, BATHING UNASSISTED w/ BATH/SHOWER, SKIN WARM/DRY
		P	MOVEMENTS D/C, PT TO BATH BUT FURTHER

## PROGRESS/CLINICAL NOTES

PAGE NO. CHART # 2 SO# 4092100 NAME: GLASSMAN, BRANDON

## PROGRESS/CLINICAL NOTES

DATE	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S = Subjective : O = Objective A = Assessment P = Plans ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
01/25/24	CONT	P	Su order sheet, Pillar 2000 needs ordered, UDS scheduled, Dental and other needs/cancellations, will keep message in our system DS <i>[Signature]</i>
1:30.24		(S) MD SIGNED RELEASED NEEDS: REVIEWED KITE — (P) NO NEW ORDERS — <i>1 month</i>	
2/14/24		(S) Physical completed, see in file — <i>[Signature]</i>	
3/13/24		S Pt seen by DMHNP — O Su consult on file — P Su order sheet, schedule for F/0 — <i>[Signature]</i>	
3-24-24	1522	S PT WAS SCHEDULED FOR RANDOM UDS SUBOXONE 3-20. O SEE LAB SHEET. P PT TO KITE PRN. <i>[Signature]</i>	
4.8.24		(S) Pt. seen by B. NEWMAN PMHNP — (O) SEE CONSULT ON FILE — (P) Rx x1, D/C PRAZOSIN — <i>1 month</i>	
4/12/24		S During Subutex administration — time, Pt. was found to be have moderate amount of Subutex pushed up against <sup>at mouth check</sup> <sub>back side</sub> <sup>10</sup> <sub>inside</sub> of teeth (f23-26). PT asked TD rinse mouth a second time. PT completed poor attempt <sup>at rinsing</sup> to <sub>at</sub> rinse mouth. Deputy SIL and this RN completed another mouth check w/ moderate amount of Subutex remaining behind his teeth as prior. SIL instructed PT to <sup>complete</sup> rinse appropriately and to wash water between teeth. PT completed	

## PROGRESS/CLINICAL NOTES

PAGE NO.                   SO# 409260 NAME: Gussman, Brandon C.

## Education for Workers

---

**Wear gloves AND wash your hands** after handling any bodily fluids (such as: feces, nasal secretions, sputum, urine, vomit, blood, semen, etc. ) or unidentified spills/garbage. BG (initial)

\*\*It is important that you **wash hands even if you have been wearing gloves**. BG (initial)

---

Workers with diarrhea, cough, fever or any rashes/open sores must **report** the conditions **before** reporting to work. BG (initial)

---

**Wash your hands:** if returning to work after using the restroom, after blowing your nose, touching any body parts, and/or touching any potentially dirty surfaces. BG (initial)

---

*I have read and understand the above instructions for universal precautions and handwashing.*

Signature of Inmate Brandon Glassman Date 2/14/24

PRINT NAME: Brandon Glassman  
(Second copy for inmate.)

**LINN COUNTY JAIL HEALTH SERVICES**  
**HISTORY AND PHYSICAL UPDATE**

NAME: GLASSMAN, BRANDON SO#: 409260 DOB: 6/14/02

Allergies: ∅

Allergy List Current in Chart

See RN notes for Vital Signs

Weight 142.0 pounds

BP 126/81 R/L Pulse 84 Temp 97.8 T/PO Resp 14 SaO<sub>2</sub> 98 % 6.0 Hct

See RN notes for Presentation

Presentation:  Ambulate to medical  Normal gait  Alert/Oriented  No apparent distress  Deputy escort  
 Calm/Cooperative  Interactive  Pleasant  
 Quiet  Poor eye contact  Withdrawn  Tearful  Agitated  Animated  Tense  
 Distracted  Slow/lethargic  Restless/fidgety  Appears anxious  Tremors/Jittery

Date of last full LCSO physical: 3-18-21 Reviewed  CHART #1

YES

NO

X

Any significant  Illness,  Injury or  Surgery since last physical?  
 If yes, describe:

X

Any  Medical,  Dental or  Mental Health concerns which have not been reported?  
 If yes, describe:

X

Any chance you could be pregnant? *Comments:*

X

Do you have any difficulty lifting 50 pounds?

X

Any current restrictions from a doctor limiting your ability to work?

X

Current/Recent/Open SAIF Claim?

X

Currently receiving SSI/SSD? For:

Comments: PT REPORTS OF RECENT SHOULDER DISLOCATIONS.

Hx IV Drug Use  Travel out of country/Immigration  
 Hx homelessness  Close contact w/ TB patient  
 HIV/AIDS – Immunosuppressive Therapy

Last TB test:

Denies risk factors

Past Positive TB test

WORK STATUS: Approved 8/11/22 Denied \_\_\_\_\_

Denied Pending MO RVN OF SHOULDER DISLOC. HX

Evaluated by: 4

Date 8-10-22 Time 1535

EDUCATION & HANDOUTS

MB 8/11/22

## Education for Workers

---

**Wear gloves AND wash your hands** after handling any bodily fluids (such as: feces, nasal secretions, sputum, urine, vomit, blood, semen, etc. ) or unidentified spills/garbage. RJG (initial)

\*\*It is important that you **wash hands even if you have been wearing gloves.** RJG (initial)

---

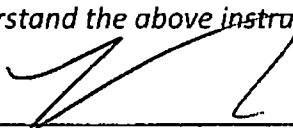
Workers with diarrhea, cough, fever or any rashes/open sores must **report the conditions before reporting to work.** RJG (initial)

---

**Wash your hands:** if returning to work after using the restroom, after blowing your nose, touching any body parts, and/or touching any potentially dirty surfaces. RJG (initial)

---

*I have read and understand the above instructions for universal precautions and handwashing.*

Signature of Inmate 

Date 7/10/22

(Second copy for inmate.)

## History and Physical

YES

NO

Any significant  Illness  Injury or  Surgery since last physical?

*If yes, describe:*

Any  Medical  Dental or  Mental Health concerns which have not been reported?

*If yes, describe:*

Females, Any chance you could be pregnant? *Comments:*

Do you have any difficulty lifting 50 pounds?

Any current restrictions from a doctor limiting your ability to work?

Current/Recent/Open SAIF Claim (workers comp)?

Currently receiving SSI/SSD? For: \_\_\_\_\_

Comments:

*✓*

# Linn Co. Jail Health Services

## Physical Assessment



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: 1426

Name: Glassman

SO#

DOB: 6/14/02

BP 128/90 HR 91 RR 14 SaO2 98% Temp 99.5 Ht. 61" Wt. 158 lbs.  
L/R tympanic/actual stated/actual

## ALLERGIES:

Current in Chart 

## General Presentation

Ambulate to medical  Normal gait  Alert/Oriented  
 Calm/Cooperative  In no apparent distress  
 Deputy escort  
 Other:

 Last Physical Reviewed \_\_\_\_\_ date

## Eyes/Ears

No complaints  No apparent difficulties  
 Significant vision difficulties  Difficulty reading  
 Significant hearing difficulties  
 PERRLA

## Dental Screening

No complaints  No signs/symptoms of infection  
 Oral Mucosa:  Pink, Moist  Dry  Other: \_\_\_\_\_  
 Decayed/Broken Teeth  Missing Teeth  
 Edentulous  Dentures:  Upper  Lower  
 Patient concerns:  
 Oragel/Salt  Dental Protocol  To See Dentist E / NE

## Back/Brain

Stroke, TBI, Seizures  
 Denies significant injury/surgery  
 Able to lift 50 lbs.  
 Other:

## Extremities

No complaints  No difficulties observed  
 Other:

## Heart/Lungs

Heart Attack, Heart Disease  
 High Blood Pressure  
 Asthma, COPD, Emphysema  
 LSC  Heart Tones WNL  Breathing easy/even  
 Other:

## Skin/Endocrine

Diabetes  
 Splenectomy  
 Denies complaints  No visible abnormalities  
 Warm/Dry  
 Other:

## Abdomen

Ulcers, Gerd  Kidney/Liver Disease  
 Cirrhosis, Varices, Hepatitis:  A  B  C  
 Denies concerns  BT's WNL  Soft  Non-Tender  
 "Normal" eating/drinking  
 "Normal" BMs Last BM: 2/13/24  
 Other:

## TB Comments

Hx IV Drug Use  Travel out of country/Immigration  
 Hx homelessness  Close contact w/ TB patient  
 HIV/AIDS – Immunosuppressive Therapy  
 Last TB test: Month ago / Marion Co  
 Denies risk factors  Past Positive TB test  
 Needs PPD  PPD Given

 See Chart  BPx3  Review w/ MD  Scheduled w/LCMH  Scheduled w/PMHNP  Education/HandoutsWork Status:  Approved  Denied  Denied Pending: \_\_\_\_\_

Completed By: \_\_\_\_\_

MD Review

Pg2

User: Q61765

## LINN COUNTY SHERIFF'S OFFICE

01/25/2024 04:36:11

## Inmate Medical Screening

Inmate: GLASSMAN, BRANDON CHARLES Race: W Sex: M DOB: 06/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
1	Is the inmate conscious? (Oriented to person, place and time?)	Y
2	Is the inmate cooperative? (If no, explain.)	Y
3	Is there evidence of fever, swollen lymph nodes, jaundice or vermin? (If yes, contact medical and keep inmate isolated until medical can evaluate.)	N
4	Does the inmate appear to be under the influence of alcohol or drugs? (If yes, ensure BAC is .29 or lower and notify medical.)	N
5	Does the inmate's behavior suggest risk of suicide? (If yes, put in suicide prevention smock and contact mental health.)	N
6	Any visible signs of trauma, bleeding, vomiting, or diarrhea?	N
7	Has the inmate been in a car accident in the last 48 hours? (If yes, notify medical.)	N
8	Has the inmate been the victim of assault in the last 48 hours?	N
9	Prescribing doctor and pharmacy? (Doctor's name and pharmacy location.)	N
10	Current medications? (If yes, describe medications.)	Y saboxon 7
11	Do you have any medication allergies?	N
12	Are you having current suicidal thoughts? (If yes, start protocol but indicate in notes if they have a plan.)	N
13	If no, proceed through screening.	
14	Have you had any past suicidal thoughts or attempts? (If yes, indicate answers in notes.)	N
15	Do you use alcohol or drugs? (If yes, what and when was the last time used?)	Y fentanyl 7
16	Do you expect to go through any withdrawals while in the facility?	N
17	Do you use IV drugs or share needles?	N
18	In the last 12 months, have you had 4 or more alcoholic drinks in any one day?	N
19	In the last 12 months have you used any recreational drugs?	N
20	In the last 12 months have you used prescription drugs for non-medical reasons?	N
21	Do you take psychotropic meds?	N
22	Do you have a therapist, mental health provider or psychiatric doctor? (If yes who and where are they at?)	N
23	Have you had surgery within the last 12 months? If yes, what type?	Y left shoulder
24	Are you pregnant or have you delivered a baby in the last 6 weeks? (If yes, how far along?)	N

Inmate: GLASSMAN, BRANDON ARLES Race: W Sex: M DOB: 11/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): \_\_\_\_\_ Date: \_\_\_\_\_

Q. #	Question	Answer Notes
26	Are you currently experiencing night sweats, unexplained weight loss, fever and/or persistant cough or coughing with blood? (IF YES, to 2 or more, keep isolated and contact nursing staff)	N
27	Do you have any food allergies?	N
28	Do you have any problems moving your arms, legs, neck or back?	N
29	Do you have any other health problems or special dietary needs? (IF YES, describe in notes.)	N
30	To obtain health care while in the facility, submit a medical request form. Do you know how to do this?	Y
31	While in jail have you ever been a victim of sexual assault or harrassment? (IF YES: When / Where/ Was it reported?)	N
32	Do you have or wear any of the following: Glasses/Contacts, Dentures, Braces or Casts? (IF YES, explain in notes)	N
33	Do you have hearing impairment or deafness diagnosis?	N
35	Do you have any impairments with your vision or are you legally blind?	N
37	Do you have any mobility impairments?	N
39	(OBSERVATION ONLY) Does there appear to be any intellectual disability?	N
41	CIRCLE YES OR NO FOR EACH QUESTION BELOW	Y
42	Do you currently have: Heart Disease High Blood Pressure Diabetes or Insulin Use	N
	Y/N Y/N Y/N	
43	Do you currently have: Skin problems Asthma Emphysema	N
	Y/N Y/N Y/N	
44	Do you have a history of seizures? Do you have: Ulcers Bleeding Disorder	N
	Y/N Y/N Y/N	
45	Do you have: Coughing with blood Kidney problems Dental pain	N
	Y/N Y/N Y/N	
46	Do you have a history of STD's? Do you have HIV or AIDS? Do you have Hepatitis A? Do you have Hepatitis B? Do you have Hepatitis C?	N
	Y/N Y/N Y/N Y/N Y/N	
47	Do you have tuberculosis? Have you had or do you have: Back injuries	N
	Y/N Y/N	

Inmate: GLASSMAN, BRANDON CHARLES Race: W Sex: M DOB: 6/14/2002 SSN: 544-73-2077

Booking #: 372397 Booking Officer: PASSARGE, J. D. Date/Time: 01/25/2024 03:53

Screening Officer: PASSARGE, J. D. Date: 01/25/2024 04:33:30

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
	Head injuries <input checked="" type="checkbox"/> Y/N	
48	Do you currently have arthritis? <input checked="" type="checkbox"/> Y/N	N
	Are you transgender? <input checked="" type="checkbox"/> Y/N	
	Have you ever had a positive TB test? <input checked="" type="checkbox"/> Y/N	
	Do you have any OB/GYN problems? <input checked="" type="checkbox"/> Y/N	
50	Any other medical questions or concerns (add any observations or other information here)?	N
51	Have you had any vaccination for COVID-19?	N
53	If eligible, would you be interested in receiving the COVID-19 vaccination while in custody?	N

(Confinement Code: PC )

Total 'YES' Answers: 7 Total 'NO' Answers: 38 Total 'REFUSE' Answers: 0

*Signature of Classification Officer**Signature of Inmate*

User: Q46870

LINN COUNTY SHERIFF'S OFFICE

07/21/2022 13:05:00

## Inmate Medical Screening

Inmate: GLASSMAN, BRANDON CHARLES      Race: W    Sex: M    DOB: 06/14/2002    SSN: 544-73-2077

Booking #: 365124      Booking Officer: BERGER, N. W.      Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W.      Date: 07/21/2022 13:01:13

Reviewed By (Nurse):      Date:

Q. #	Question	Answer N	COVID-19 Test
1	Is the inmate conscious? (Oriented to person, place and time?)	Y	Patient ID: glassman Date: 13/Aug/2022 Time: 18:21
2	Is the inmate cooperative? (If no, explain.)	Y	COVID-19: Negative Procedural control valid
3	Is there evidence of fever, swollen lymph nodes, jaundice or vermin? (If yes, contact medical and keep inmate isolated until medical can evaluate.)	N	Lot number: 1071740 Test ID: 1cf59110-475b-49 0c-9f63-584529f81625 User ID: laarnie Instrument serial number: B3CDDC1C
4	Does the inmate appear to be under the influence of alcohol or drugs? (If yes, ensure BAC is .29 or lower and notify medical.)	N	
5	Does the inmate's behavior suggest risk of suicide? (If yes, put in suicide prevention smock and contact mental health.)	N	
6	Any visible signs of trauma, bleeding, vomiting, or diarrhea?	N	ID NOW
7	Has the inmate been in a car accident in the last 48 hours? (If yes, notify medical.)	N	
8	Has the inmate been the victim of assault in the last 48 hours?	N	
9	Prescribing doctor and pharmacy? (Doctor's name and pharmacy location.)	N	
10	Current medications? (If yes, describe medications.)	Y	suboxone, used it last week
11	Do you have any medication allergies?	N	
12	Are you having current suicidal thoughts? (If yes, start protocol but indicate in notes if they have a plan.)	N	
	If no, proceed through screening.		
13	Have you had any past suicidal thoughts or attempts? (If yes, indicate answers in notes.)	N	
14	Do you use alcohol or drugs? (If yes, what and when was the last time used?)	Y	Uses Fentanyl (blues). used yesterday, uses daily 5-6 pills.
17	Do you expect to go through any withdrawals while in the facility?	Y	yes
18	Do you use IV drugs or share needles?	N	
19	In the last 12 months, have you had 4 or more alcoholic drinks in any one day?	N	
20	In the last 12 months have you used any recreational drugs?	Y	Yes Patient ID: GLASSMAN BRANDON Date: 24/Jul/2022 Time: 10:16
21	In the last 12 months have you used prescription drugs for non-medical reasons?	N	COVID-19: Negative Procedural control valid
22	Do you take psychotropic meds?	N	Lot number: 1071740 Test ID: 880ebae3-1a50-45 53-984c-d61c7a14681a User ID: tina Instrument serial number: B3CDDC1C
23	Do you have a therapist, mental health provider or psychiatric doctor? (If yes who and where are they at?)	N	
24	Have you had surgery within the last 12 months? If yes, what type?	N	
25	Are you pregnant or have you delivered a baby in the last 6 weeks? (If yes, how far along?)	N	ID NOW

Inmate: GLASSMAN, BRANDON C. R. LES Race: W Sex: M DOB: 01/01/2002 SSN: 544-73-2077

Booking #: 365124 Booking Officer: BERGER, N. W. Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W. Date: 07/21/2022 13:01:13

Reviewed By (Nurse): Date:

Q. #	Question	Answer Notes
26	Are you currently experiencing night sweats, unexplained weight loss, fever and/or persistant cough or coughing with blood? (IF YES, to 2 or more, keep isolated and contact nursing staff)	N
27	Do you have any food allergies?	N
28	Do you have any problems moving your arms, legs, neck or back?	N
29	Do you have any other health problems or special dietary needs? (IF YES, describe in notes.)	N
30	To obtain health care while in the facility, submit a medical request form. Do you know how to do this?	Y
31	While in jail have you ever been a victim of sexual assault or harrassment? (IF YES: When / Where/ Was it reported?)	N
32	Do you have or wear any of the following: Glasses/Contact, Dentures, Braces or Casts? (IF YES, explain in notes)	N
33	Do you have hearing impairment or deafness diagnosis?	N
35	Do you have any impairments with your vision or are you legally blind?	N
37	Do you have any mobility impairments?	N
39	(OBSERVATION ONLY) Does there appear to be any intellectual disability?	N
41	CIRCLE YES OR NO FOR EACH QUESTION BELOW	Y
42	Do you currently have:	N
	Heart Disease	Y/N
	High Blood Pressure	Y/N
	Diabetes or Insulin Use	Y/N
43	Do you currently have:	N
	Skin problems	Y/N
	Asthma	Y/N
	Emphysema	Y/N
44	Do you have a history of seizures? Y/N	N
	Do you have:	
	Ulcers	Y/N
	Bleeding Disorder	Y/N
45	Do you have:	N
	Coughing with blood	Y/N
	Kidney problems	Y/N
	Dental pain	Y/N
46	Do you have a history of STD's? Y/N	N
	Do you have HIV or AIDS? Y/N	
	Do you have Hepatitis A? Y/N	
	Do you have Hepatitis B? Y/N	
	Do you have Hepatitis C? Y/N	
47	Do you have tuberculosis? Y/N	N
	Have you had or do you have:	
	Back injuries	Y/N

Inmate: GLASSMAN, BRANDON C. ~~GLASSMAN~~

Race: W Sex: M DOB: 01/20/2002 SSN: 544-73-2077

Booking #: 365124

Booking Officer: BERGER, N. W.

Date/Time: 07/21/2022 12:27

Screening Officer: BERGER, N. W.

Date: 07/21/2022 13:01:13

Reviewed By (Nurse):

Date:

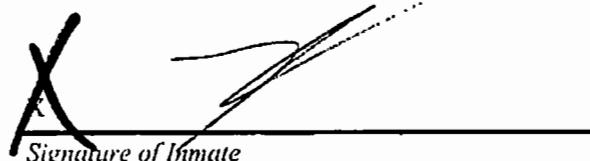
Q. #	Question	Answer Notes
	Head injuries Y/N	
48	Do you currently have arthritis? Y/N	N
	Are you transgender? Y/N	
	Have you ever had a positive TB test? Y/N	
	Do you have any OB/GYN problems? Y/N	
50	Any other medical questions or concerns (add any observations or other information here)?	N
51	Have you had any vaccination for COVID-19?	N
53	If eligible, would you be interested in receiving the COVID-19 vaccination while in custody?	N

(Confinement Code: WAR )

Total 'YES' Answers: 8      Total 'NO' Answers: 37      Total 'REFUSE' Answers: 0



Signature of Classification Officer



Signature of Inmate